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Antonio Basilicata

The Long-Term Care System in Italy

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Contact: crc-countrybrief@uni-bremen.de

Postadresse / Postaddress:
Postfach 33 04 40, D - 28334 Bremen

Website:
https://www.socialpolicydynamics.de

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* CRC 1342, University of Bremen, basilant@uni-bremen.de

1. Country Overview

Source: http://ontheworldmap.com/italy/ *(Accessed: January 7, 2021)*

- » Sub-Region: Southern Europe
- » Capital: Rome
- » Official Language: Italian
- » Population size: 59,641,488 (IStat 2020a)
- » Share of rural population: 29.264% (World Bank 2020; 2019 value)
- » GDP: 2.001 Trillion USD (World Bank 2020; 2019 value)
- » Income group: High-Income (World Bank 2020)
- » Gini Index: 35.9 (World Bank 2020; 2017 value)
- » Colonial period: n/a

1. Long-term care dependency

a. Population statistics

Table 1. Older population in Italy (2020)

	Total number	Share of total population
Population 60+	17,752,440	29.77%
Population 70+	10,388,076	17.42%
Population 80+	4,419,703	7.41%

Source: Number and share of older population are taken from Istituto Nazionale di Statistica (IStat 2020a) and refer to January 1, 2020.

Table 2. Recipients of long-term care benefits in Italy (2018)

	Total number	Share of total population
Formal LTC recipients in institutions	469,655	0.78%
Formal LTC recipients at home	1,010,724	1.67%
Attendance allowance recipients	1,894,634	3.13%

Source: Attendance allowance recipients are taken from Istituto Nazionale di Statistica (IStat 2020b) and refer to 2018; formal long-term care recipients in institutions and at home are taken from OECD Statistics (OECD 2020) and refer to 2018. The total population of Italy in 2018 was 60,483,973 (IStat 2020a).

b. National definition and measurement of long-term care dependency

In Italy, dependency is usually referred to as "*assistenza agli anziani*" (elderly care) or "*non autosufficienza*" (dependency). However, Italy has no nationwide legal definition of long-term care (LTC) or of persons in need of care (European Commission 2016). Consequently, dependency assessments may differ across regions which apply their individual criteria. Rather than having standardised rules for eligibility and access to services, Italy can be described as a conglomerate of various local and regional sub-systems for LTC (Casanova, Lamura, and Principi 2017). Nonetheless, in all cases the needs assessment is usually delegated to multidisciplinary teams consisting of doctors, nurses etc. (Ilinca et al. 2015). For the national cash benefit (*indennità di accompagnamento*, see below), there is only one dependency level without any grading.

2. First public scheme on long-term care

a. Legal introduction

Name and type of law	Legge 11 febbraio 1980, n. 18: Indennitá di accompagnamento agli invalidi civili totalmente inabili
Date the law was passed	11.02.1980
Date of *de jure* implementation	11.02.1980
Brief summary of content	Introduction of attendance allowances (*indennità di accompagnamento*) for totally disabled people. The monthly cash benefit is funded by the central government and administered by the National Social Security Institute (INPS). Disability is assessed by local authorities and beneficiaries can use the money without any constraints. Initially, the attendance allowance was intended for all disabled Italians. Nevertheless, it has increasingly been used for meeting the needs of aged people and implicitly evolved into the chief policy tool for LTC in Italy. Families and informal caregivers often remain the most important providers of care and may receive the attendance allowance as a form of payment from the beneficiary.

b. Characteristics of the long-term care scheme at introduction

The attendance allowance programme covers all dependent Italian citizens who cannot perform basic activities of daily life without the assistance of another person. From the beginning it also addressed people over 65 years of age (Milazzo 2000). Dependency must be assessed by local authorities and is not differentiated into sub-levels. A claimant is either considered fully dependent or not. However, as there is no national legal definition of dependency, the assessment differs among various local authorities in Italy.

The *indennitá di accompagnamento* is the only nationwide regulated LTC scheme and is provided by the National Social Security Institute (*Istituto Nazionale della Previdenza Sociale, INPS*), which is affiliated to the Ministry of Labour and Social Affairs. It is financed through general taxation. Furthermore, the amount of the attendance allowance is not income-tested, and all recipients receive the same monthly allowance. In 1980, beneficiaries received 120,000 lire/month each (corresp. value: 149.25 USD[1]). The allowance was increased to 180,000 lire/month (191.69 USD[2]) in 1981 and 232,000 lire/month (187,40 USD[3]) in 1982.

Beyond the attendance allowance, other LTC programmes such as in-kind services were introduced only at regional and local levels. Despite the development of residential care facilities and home support services, LTC is still mainly the task of family members or informal workers. In fact, Italian civil law (*codice civile*) may even require

1 https://www.poundsterlinglive.com/bank-of-england-spot/historical-spot-exchange-rates/usd/USD-to-ITL-1980 (Accessed: February 7, 2021).
2 https://www.poundsterlinglive.com/bank-of-england-spot/historical-spot-exchange-rates/usd/USD-to-ITL-1981 (Accessed: February 7, 2021).
3 https://www.poundsterlinglive.com/bank-of-england-spot/historical-spot-exchange-rates/usd/USD-to-ITL-1982 (Accessed: February 7, 2021).

close family members to provide care or at least financial support. This so-called "care responsibility culture" makes formal care in many cases the measure of last resort (Costa 2018).

3. Subsequent major reforms in long-term care

No major reform has taken place since the introduction of the attendance allowance. The allowance itself has been amended and modified, but until today Italy has not established a national, comprehensive LTC system that recognises LTC as a separate social risk or includes in-kind services to those in need. Despite the lack of a national policy framework, there are individual regions which have made significant progress with their own LTC schemes.

4. Description of current long-term care system

a. Organisational structure

In recent years, Italy's LTC sector has barely changed on the national level (Theobald and Luppi 2018; Casanova, Lamura, and Principi 2017). LTC in Italy still lacks a comprehensive public system and is characterised by a high degree of fragmentation. While the attendance allowance is the only nationwide benefit, in-kind services are provided and regulated to different extents on the regional (residential care; nursing care) and municipal level (home support services). This institutional design originated in constitutional amendments from the early 2000s, when health and social care responsibilities were largely devolved from the central state to the regions and municipalities (Jessoula et al. 2018; Cordini and Ranci 2017).

b. Service provision

This organisational structure has led to severe discrepancies, especially between Northern and Southern regions in terms of LTC providers, available benefits for the target population and, consequently, the usage rates of services (see Table 3, p. 6). While the North is increasing the availability and accessibility of in-kind services by formal providers, the South still heavily relies on family support and informal care (Da Roit 2010; Tediosi and Gabriele 2010).

Formal LTC services can be provided in different settings, both via home-based support and residential care. However, applicants must undergo certain needs assessment tests before approval is granted. As with the dependency assessment for the attendance allowance, the criteria vary geographically. LTC has not yet achieved the status of a social right in Italy, which is why many facilities are not affordable for citizens and attendance allowance is the most widely used benefit (Da Roit 2010; Table 4, p. 6). Because of the heterogeneous dependency assessment practices, the shares of older people receiving the attendance allowance may vary between 7.2% and 17.9%, depending on the region. In 2016, 78% of the beneficiaries were 65 or older (Casanova, Lamura, and Principi 2017; Jessoula et al. 2018).

Due to the institutional setting and for cultural reasons, many Italians prefer to stay at home and/or with their families. Care by family members or informal workers is very common and crucial in Italy. Only approximately 10% of the dependent population receive LTC services that are solely provided by public actors (Theobald and Luppi 2018). Many families make use of Italy's care leave programmes (Jessoula et al. 2018) or rely on informal caregivers, who are often immigrants. About 90% of informal care at home paid out of pocket is delivered by foreign caregivers (*badanti*) who are usually female workers from low-income countries and live under the same roof as the beneficiary (OECD 2011; Costa 2018). It can be estimated that approximately 9% of the population aged 65 or older employ a third person for assistance with daily activities.

Table 3. Older population and LTC services in Italian regions

Regions	Users in % (older people)	Older people in residential structures in %	Percentage of places in old-age homes	Older people in integrated home care (ADI)	Hours for ADI (average per user per year)	Expenditure for ADI as a percentage of total health expenditures
Friuli-Venezia Giulia	17.4	7.6	20	7.2	17	3.15
Emilia-Romagna	12.0	4.4	30	5.7	23	1.94
Veneto	11.8	4.6	19	6.4	14	1.11
Molise	10.2	2.5	22	3.7	12	0.70
Liguria	9.6	5.2	6	3.2	25	0.93
Lombardia	9.1	3.8	3	3.6	18	0.82
Piemonte	8.5	5.2	55	1.8	25	1.13
Abruzzo	8.1	1.9	30	3.6	33	0.86
Marche	7.9	3.1	43	3.9	28	1.66
Umbria	6.5	1.6	28	4.3	17	2.23
Lazio	6.4	1.4	60	3.8	21	-
Basilicata	5.9	0.6	61	4.3	44	1.37
Toscana	5.6	2.3	20	2.1	25	1.46
Sardegna	5.4	1.7	50	1.2	71	0.70
Sicilia	4.9	1.1	42	1.0	37	1.44
Calabria	4.8	0.6	29	2.7	17	0.37
Campania	3.7	0.6	70	1.6	59	0.38
Puglia	3.5	1.1	57	1.6	52	0.35

Source: Di Santo and Ceruzzi 2009

Table 4. Usage of services in 2007 and 2013 (percentage of population aged 65 or older)

Benefit	2007	2013
Servizio di assistenza domiciliare (home help services)	1.7%	1.2%
Assistenza domiciliare integrate (integrated home care services)	3.3%	4.8%
Indennità di accompagnamento (attendance allowance)	12.0%	12.0%

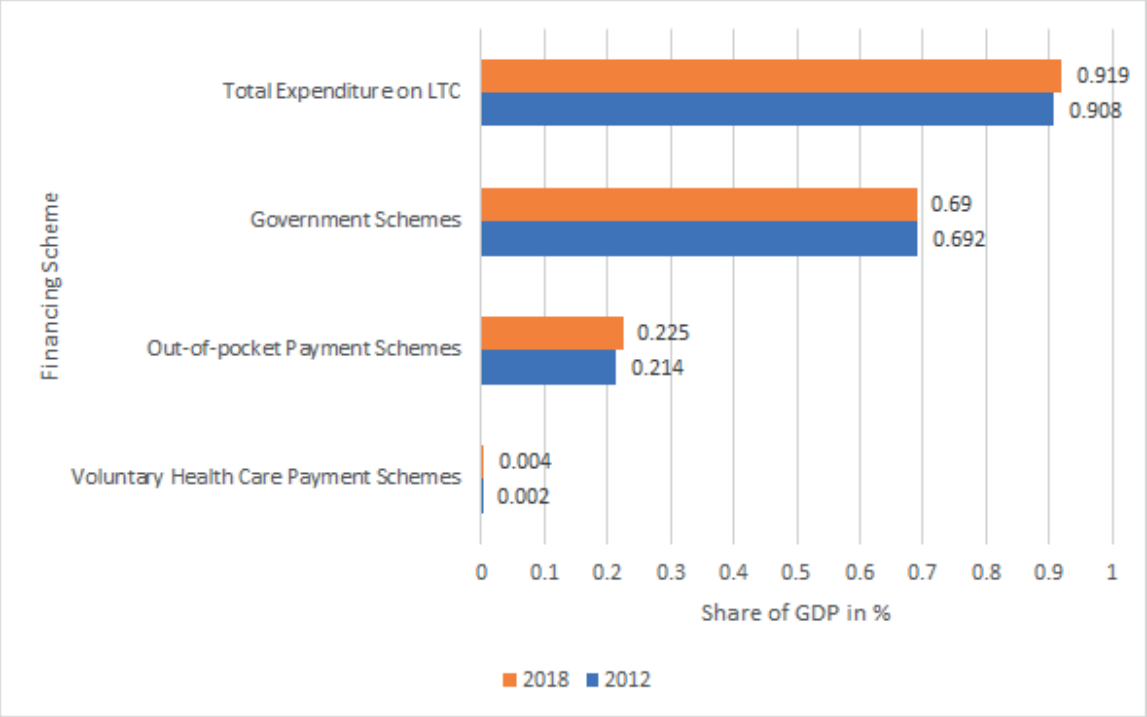
Source: Barbarella et al. 2017; comparable values for residential care were only available for 2010 (2.5%), 2012 (2.2%) and 2014 (2.2%).

c. Financing

Private expenditure on LTC might thus be much higher than spending by the Italian state, although official figures indicate the opposite (Cordini and Ranci 2017; Figure 1). Income tests determine the amount of a user's co-payment. For instance, integrated home care services (*assistenza domiciliare integrate, ADI*) are usually free of charge while home help services (*servizio di assistenza domiciliare, SAD*) always require a co-payment (Gori 2018; OECD 2011).

Public funding has been standardised by the National LTC Fund, which was established in 2007 for collecting government revenues (Casanova, Lamura, and Principi 2017). Fifty percent of public LTC funding is used to cover the attendance allowance, which today is about 500€/month per beneficiary (Brenna and Gitto 2017). There are no restrictions on how the cash benefit can be used as it is not tied to the purchase of LTC services (Costa-Font, Gori, and Santana 2012).

Figure 1. LTC expenditure Italy 2012 and 2018



Source: OECD 2020

d. Regulation

The INPS is still the central public institution for managing and administering the attendance allowance system. Today it is affiliated to the Ministry of Labour and Social Policies. In-kind services are regulated on the regional and local levels.

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